

- Initial Application
- Amended Application

Date: 1/4/23



**City of Tucson  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

23-341-CT

**COMMITTEE TYPE** (choose one):

**Candidate**

Committee Name (required): CUNNINGHAM Soc Council  
(first or last name & office)

Candidate Information: Candidate's Name (required): Paul CUNNINGHAM  
 Candidate's mailing address (required): 7012 E 3rd TSN AZ 85710  
 Candidate's email address (required): tucsoncunningham@yahoo.com  
 Candidate's phone number (required): (520) 791-4687  
 Candidate's website (if any): \_\_\_\_\_

Office Sought (choose one):  Mayor  Council Member, Ward 2

Election Cycle for Office Sought (year the election will take place) (required): 2023

Party Affiliation:  Democrat  Libertarian  Republican  Other: \_\_\_\_\_  
(required)

**Political Action Committee (PAC)**

Committee Name (required): \_\_\_\_\_  
(if sponsored, must include sponsor's name)

Political Function (optional):  Contributions  Candidate-Related Independent Expenditures  
(select any that apply)  Ballot Measure Expenditures  Recall Expenditures

Sponsorship Information: Sponsor's name or nickname (required): \_\_\_\_\_  
(if applicable) Sponsor's mailing address (required): \_\_\_\_\_  
 Sponsor's email address (required): \_\_\_\_\_  
 Sponsor's phone number (if any): \_\_\_\_\_  
 Sponsor's website (if any): \_\_\_\_\_

Special Status must be filed with Secretary of State  Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  
(if applicable)  Standing Committee (must also complete separate standing committee registration)  
 Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

**Political Party**

Committee Name (required): Democrat  
(must include party affiliation)

Jurisdiction:  State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)  
 County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)  
 Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)  
 City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status must be filed with Secretary of State  Standing Committee (must also complete separate standing committee registration)  
(if applicable)

221945  
O-FW, X-CFA

*[Handwritten initials and signatures]*

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- Amended Application

Date: \_\_\_\_\_



## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

### COMMITTEE INFORMATION:

*Contact Information:* Committee's mailing address (required): CANDIDATE  
 Committee's email address (required): \_\_\_\_\_  
 Committee's phone number (if any): \_\_\_\_\_  
 Committee's website (if any): \_\_\_\_\_

*Chairperson's Information:* Chairperson's name (required): CANDIDATE  
 Chairperson's physical address (required): \_\_\_\_\_  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): \_\_\_\_\_  
 Chairperson's phone number (required): \_\_\_\_\_  
 Chairperson's employer (required): TUSD / COT  
 Chairperson's occupation (required): Teacher / City Council member

*Treasurer's Information:* Treasurer's name (required): CANDIDATE  
 Treasurer's physical address (required): \_\_\_\_\_  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): \_\_\_\_\_  
 Treasurer's phone number (required): \_\_\_\_\_  
 Treasurer's employer (required): TUSD / COT  
 Treasurer's occupation (required): Teacher / Council member

*Bank or Financial Institution:* Bank name (required): Wells Fargo  
 (do not list acct numbers) Additional bank name (if applicable): \_\_\_\_\_  
 Additional bank name (if applicable): \_\_\_\_\_

### DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.

Chairperson's signature: [Signature] Date: 1/4/22

Treasurer's signature: [Signature] Date: 1/4/22

Candidate's signature (if applicable): [Signature] Date: 1/4/22